

PROPERTY OWNER
Name

## **City of Canal Winchester**

36 South High Street
Canal Winchester, Ohio 43110
Development Department
Phone (614) 837-7501 Fax (614) 837-0145

## **FENCE PERMIT APPLICATION**

rev. 09/24/2013

Daytime Phone	Email	
<u>APPLICANT</u>		
Name		
Address		
Daytime Phone	Email	
Address of Subject Property		
compliance with the Zoning (	ne fence height. Addition information may be required to deterrode by the Planning and Zoning Administrator.  The provided with this application is correct and accurate	
compliance with the Zoning (	ode by the Planning and Zoning Administrator.  rmation provided with this application is correct and accurate to the best of my ability.	
compliance with the Zoning (	rmation provided with this application is correct and accurate to the best of my ability.  horize Agent's Signature  Date	
I certify that the info	ode by the Planning and Zoning Administrator.  rmation provided with this application is correct and accurate to the best of my ability.	 No
I certify that the info  Property Owner's or Aut  Date Received://_	rmation provided with this application is correct and accurate to the best of my ability.  horize Agent's Signature  Do NOT WRITE BELOW THIS LINE  Fee: \$ Historic District: Yes N Paid Preservation Area: Yes N	 No
I certify that the info	rmation provided with this application is correct and accurate to the best of my ability.  horize Agent's Signature  Do NOT WRITE BELOW THIS LINE  Fee: \$ Historic District: Yes N Paid Preservation Area: Yes N Application No	 No